**Proforma for assessing and managing foreseeable risks for children who present challenging behaviours.**

Name of child:

Class group:

Name of teacher:

School:

|  |
| --- |
| **Identification of Risk** |
| Describe the foreseeable risk: |  |
| Is the risk potential or actual? |  |
| List who is affected by the risk |  |
| **Assessment of Risk** |
| In which situations does the risk usually occur? |  |
| How likely it is that the risk will arise? |  |
| If the risk arises, who is likely to be injured or hurt? |  |
| What kinds of injuries or harm are likely to occur? |  |
| How serious are the adverse outcomes? |  |

Assessment completed by:

Signature:

Date:

|  |
| --- |
| **Risk Reduction Options** |
| Measures | Possible options | Benefits | Drawbacks |
| Proactive interventions to prevent risk |  |  |  |
| Early interventions to manage risk |  |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |  |

|  |
| --- |
| **Agreed behaviour management plan and school risk management strategy** |
| Focus of measures | Measures to be employed | Level of risk |
| Proactive interventions to prevent risk |  |  |
| Early interventions to manage risks |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |

Agreed by:

Relationship to child:

Date:

|  |
| --- |
| **Communication of behaviour management plan & school risk management strategy** |
| Plans and strategies shared with: | Communication method | Date actioned |
|  |  |  |

|  |
| --- |
| **Staff Training Issues** |
| Identified training needs | Training provided to meet needs | Date training completed |
|  |  |  |

|  |
| --- |
| **Evaluation of Behaviour management plan & school risk management strategy** |
| Measures set out | Effectiveness in supporting the child | Impact on risk |
| Proactive interventions to prevent risks |  |  |
| Early interventions to manage risks |  |  |
| Reactive interventions to respond to adverse outcomes |  |  |
| Actions for the future: |

Plans and strategies evaluated by:

Relationship to child:

Date:

Appendix 1

**Healthcare plan for pupil with medical needs**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of birth: |  |
| Condition: |  |
| Date:  |  |
| Review Date:  |  |
| GP Surgery: |  |
| School:  |  |
| Class/Form:  |  |

**Contact Information**

|  |  |  |
| --- | --- | --- |
|  | Family Contact 1 | Family Contact 2 |
| Name |  |  |
| Phone (work) |  |  |
| Phone (home) |  |  |
| Relationship  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Clinic/hospital contact | GP |
| Name |  |  |
| Phone |  |  |

Describe condition and give details of pupil’s individual symptoms:

|  |
| --- |
|  |

Daily care requirements:

|  |
| --- |
|  |

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

|  |
| --- |
|  |

Follow up care:

|  |
| --- |
|  |

Who is responsible in an emergency (state if different on off site activities):

|  |
| --- |
|  |

Additional information re: child/young person’s wishes regarding their care:

|  |
| --- |
|  |

Additional information re: parent’s wishes:

|  |
| --- |
|  |

Form circulated to:

Admin Team/Pupil file

Class teacher and Support staff

Pupil Information file for supply teachers

School Nurse

Parents

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Julie Norman Version 1 05 01 2020